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B

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026096 7590 07/19/2004

**CARLSON, GASKEY & OLDS, P.C.**  
400 WEST MAPLE ROAD  
SUITE 350  
BIRMINGHAM, MI 48009

09/29/2004 BSBYASTC 00000054 030835 10655970  
01 FC:1501 1330.00 DA  
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|                    |                    |
|--------------------|--------------------|
| Amy M. Spaulding   | (Depositor's name) |
|                    |                    |
| September 21, 2004 |                    |
| (Signature)        |                    |
| (Date)             |                    |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/655,970      | 09/05/2003  | Bryan Eisenhower     | 60246-189;10580     | 8926             |

TITLE OF INVENTION: SUPERCRITICAL PRESSURE REGULATION OF VAPOR COMPRESSION SYSTEM BY REGULATION OF ADAPTIVE CONTROL

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 10/19/2004 |

| EXAMINER            | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| TAPOLCAI, WILLIAM E | 3744     | 062-115000     |

|   |   |                        |
|---|---|------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 3.                     |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  | Carlson, Gaskey & Olds |
|   |   | 1_____                 |
|   |   | 2_____                 |
|   |   | 3_____                 |

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Carrier Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Syracuse, NY

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

### 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) (Date)  
September 21, 2004

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